	APOLLO HOSPITALS, SECUNDERABAD	PRE – 08
		Issue: C
	POLICY ON EFFECTIVE COMMUNICATION WITH PATIENT AND FAMILIES	Date:06-01-2017
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PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer

1.0 POLICY:-

Staff of the Organization needs to address or communicate with the patients/families, healthcare workers and among healthcare workers as well effectively

2.0 PURPOSE: -

- Delivery of healthcare is a complex process which involves lot of human interaction between patients/families and healthcare workers and among healthcare workers as well. It has been proven that majority of the errors that happen in health care are related to communication.
- It is also proven that the patient outcomes are better with good communication
- The purpose of effective communication is to share a common meaning.

3.0 SCOPE:-


Organization wide

4.0 RESPONSIBILITY:- All staff

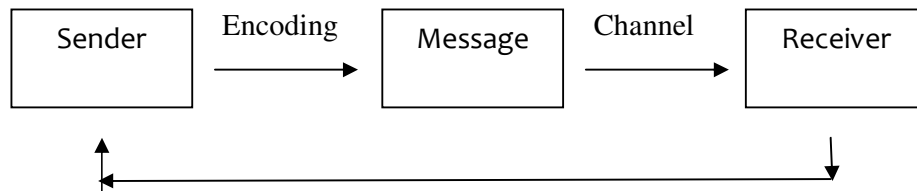
5.0 COMPONENTS OF EFFECTIVE COMMUNICATION:

“Communication is a transactional process to create meaning.” There are 3 components of communication. Those are sender, receiver and message. In a typical doctor-patient interview, doctor assumes the role of sender as well as receiver. The meaning which needs to be communicated is not in the message as

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the doctor may have a different meaning and the patient may have a different one.



Areas to be stressed upon making communication effective are

- Consenting
- Patient doctor interviews
- Nursing assessment


Indicative list which needs to be addressed to make communication effective are

- Greeting, establishing the rapport
- Listening patiently
- Having a favorable body language which includes the way we dress up, sitting posture, eye contact
- Showing empathy
- Not using unnecessary medical jargon
- Not being judgmental
- Clearing the doubts and confirming whether they have any questions
- Greeting, thanking

Safe communication:

ISBAR tool is used for doing handing over

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I: Identification (of the staff, patient)

S: Situation (Current problem)

B: Background (past problems, co morbidities, treatment given so far etc)

A: Assessment (Vitals, pain, drains etc)

R: Recommendation (Investigations to be done, medication to be given, consults to be taken, pending things, planning for discharge or move out etc)


6.0 Special situations where enhanced communication is required are:

- Breaking Bad news
- Disclosing Death
- Handling an aggressive patient/family
- Communication in case of emergency/disasters
- Disclosure of an adverse event
- Managing an angry employee
- Handling patient – staff argument

Protocol for these situations

- Who is the responsible person to handle it (For breaking bad news treating consultant should disclose)
- What preparation should he have before (For breaking bad news doctor should have enough time, have a room where serious conversation can happen, know about the patient and relevant investigations, have sufficient knowledge about further plan, have an experienced nurse along to help the patient to deal with the emotion)
- Where to do the breaking bad news (For breaking bad news not on corridors, but in a comfortable confidential room)

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- How to break the bad news (For breaking bad news assessing patient knowledge about illness, knowing the background information, and gently but unambiguously breaking the bad news without medical jargon)
- Plan (Further plans, curative, palliation, support etc)

Communication barriers:


- Fatigue
- Lack of interest and motivation
- Type of patient
- Language
- Patient with speech and hearing disability

The hospital has staffs who acts as interpreters in case of need for a particular language, to help in the patient interaction and counseling.

Unacceptable behavior:

- Alcohol and smoking at workplace
- Abusing a patient
- Inappropriate behavior with woman
- Employees fighting in the corridors
- Disrespect to any religion
- Any behavior violating the patient right
- Talking bad about professional colleagues of same or different specialty
- Taking bad about alternate approval system of medicine
- Corruption

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Monitoring effective Communication:

With the help of


- Patient Feedbacks
- Complaints
- Analysis of incidents

Training of staff:

Training is given to the staff regularly. The training needs for communication skills can also be identified by

- Analyzing patient complaints
- Incident reports
- Appraisals
- Employee feedback.

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POLICY ON EFFECTIVE COMMUNICATION WITH PATIENT AND FAMILIES

Do's

- Greeting, establishing the rapport
- Listening patiently
- Having a favorable body language which includes the way we dress up, sitting posture, eye contact
- Showing empathy
- Not using unnecessary medical jargon
- Not being judgmental
- Clearing the doubts and confirming whether they have any questions
- Greeting, thanking

Don't:

- Alcohol and smoking at workplace
- Abusing a patient
- Inappropriate behavior with woman
- Employees fighting in the corridors
- Disrespect to any religion
- Any behavior violating the patient right
- Talking bad about professional colleagues of same or different specialty
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